

DECLARATION FOR PATENT APPLICATION



As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF FINANCING PAYMENTS TO PROVIDERS OF MEDICAL SERVICES

the specification of which: (check one)

_____ is attached hereto.

 X was filed May 29, 2001
under Attorney's Docket Number 26540.6
as Application Serial No. 09/867,126
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 CFR 1.56.

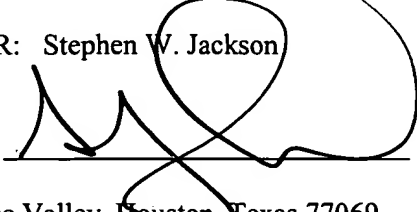
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

 60/207,873
(Application Number)

 May 30, 2000
(Filing Date)

FULL NAME OF INVENTOR: Stephen W. Jackson

INVENTOR'S SIGNATURE: 

DATED: 11/26/01

RESIDENCE: 13830 Paradise Valley, Houston, Texas 77069

CITIZENSHIP: United States of America

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